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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/697,672	10/29/2003	Dan Li	INTEL/18112	8400
	7590 09/30/200 & Zimmerman, LLC	9	EXAMINER	
150 S. Wacker			SHIH, HAOSHIAN	
Suite 2100 Chicago, IL 60606			ART UNIT	PAPER NUMBER
			2173	
			NOTIFICATION DATE	DELIVERY MODE
			09/30/2009	ELECTRONIC

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

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jflight@hfzlaw.com mhanley@hfzlaw.com docketing@hfzlaw.com

Intorvious Summany	10/697,672	LI ET AL.	
Interview Summary	Examiner	Art Unit	
	HAOSHIAN SHIH	2173	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>HAOSHIAN SHIH</u> .	(3)		
(2) <u>Daniel J. Glitto</u> .	(4)		
Date of Interview: <u>09/24/09</u> .			
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	2) <mark> applicant's representative</mark>	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) <u></u> No.		
Claim(s) discussed: <u>1</u> .			
Identification of prior art discussed: <u>US 7,109,979</u> .			
Agreement with respect to the claims f) was reached. g	ı)⊠ was not reached. h)⊡ N	J/A.	
Substance of Interview including description of the general reached, or any other comments: <i>The Examiner indicated is</i> . (A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached. THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A	further amendment is needed Iments which the examiner ag opy of the amendments that wid.) ACTION MUST INCLUDE THE	to clarity the clain reed would render yould render the	m language. er the claims claims OF THE
INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW DATE OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	OF ONE MONTH OR THIRT) ERVIEW SUMMARY FORM,	/ DAYS FROM T WHICHEVER IS	HIS LATER, TO
/Haoshian Shih/			

Application No.

Applicant(s)